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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
DISTRICT OF NEW JERSEY		
Case number (if known)	Chapter you are filing under:	
	■ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	☐ Check if this is ar amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1:	Identify Yourself		
			About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	You	r full name		
	your pictu exar licen Bring iden	e the name that is on government-issued ure identification (for nple, your driver's use or passport). g your picture tification to your ting with the trustee.	Anna First name M. Middle name Gilgar Last name and Suffix (Sr., Jr., II, III)	First name Middle name Last name and Suffix (Sr., Jr., II, III)
2.	used Inclu	other names you have d in the last 8 years ade your married or den names.	FKA Anna Miraglia	
3.	you num Indi	the last 4 digits of Social Security ber or federal vidual Taxpayer tification number	xxx-xx-8251	

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Debtor 1 Anna M. Gilgar Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years	■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.
	Include trade names and doing business as names	Business name(s)	Business name(s)
		EINs	EINs
5.	Where you live	3 Park Place	If Debtor 2 lives at a different address:
		Pompton Lakes, NJ 07442	
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code
		Passaic	
		County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing this district to file for	Check one:	Check one:
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

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Debtor 1 Case number (if known) Anna M. Gilgar Part 2: Tell the Court About Your Bankruptcy Case Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy The chapter of the (Form 2010)). Also, go to the top of page 1 and check the appropriate box. Bankruptcy Code you are choosing to file under Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13 How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for ■ No. bankruptcy within the last 8 years? ☐ Yes. District When Case number When District Case number When District Case number 10. Are any bankruptcy ■ No cases pending or being filed by a spouse who is ☐ Yes. not filing this case with you, or by a business partner, or by an affiliate? Debtor Relationship to you When Case number, if known District Debtor Relationship to you When District Case number, if known 11. Do you rent your Go to line 12. No. residence? Has your landlord obtained an eviction judgment against you? ☐ Yes.

Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it as part of

No. Go to line 12.

this bankruptcy petition.

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Deb	otor 1 Anna M. Gilgar			Case number (if known)			
Par	t 3: Report About Any Bu	ısinesses	You Own as a Sole Proprie	tor			
	,						
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to Part 4.				
		☐ Yes.	Name and location of bus	siness			
	A sole proprietorship is a						
	business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name of business, if any				
	If you have more than one sole proprietorship, use a separate sheet and attach		Number, Street, City, Sta	te & ZIP Code			
	it to this petition.		Check the appropriate bo	ox to describe your business:			
			☐ Health Care Busin	ness (as defined in 11 U.S.C. § 101(27A))			
			☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))				
			☐ Stockbroker (as d	☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))			
			Commodity Broker (as defined in 11 U.S.C. § 101(6))				
			☐ None of the above	e			
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadline operation	s. If you indicate that you are	court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of ederal income tax return or if any of these documents do not exist, follow the procedure			
	For a definition of small	■ No.	I am not filing under Cha	oter 11.			
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am filing under Chapter Code.	11, but I am NOT a small business debtor according to the definition in the Bankruptcy			
		☐ Yes.	I am filing under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.			
Par	t 4: Report if You Own or	Have An	/ Hazardous Property or An	y Property That Needs Immediate Attention			
	Do you own or have any		, .	,			
	property that poses or is	■ No.					
	alleged to pose a threat of imminent and identifiable hazard to	☐ Yes.	What is the hazard?				
	public health or safety? Or do you own any						
	property that needs immediate attention?		If immediate attention is needed, why is it needed?				
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is the property?	Number, Street, City, State & Zip Code			
				number, street, Oity, state a zip code			

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Debtor 1 Anna M. Gilgar Case number (if known)

Part 5: Explain Your E

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Deb	Anna W. Gilgar			Case number	51 (II KHOWII)			
Part	6: Answer These Questi	ions for Re	porting Purposes					
16.	What kind of debts do you have?		Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." ☐ No. Go to line 16b.					
			Yes. Go to line 17.					
		16b.	Are your debts primarily busin	ess debts? Business debts are debts ent or through the operation of the bus				
			□ No. Go to line 16c.	J 1				
			☐ Yes. Go to line 17.					
		16c.	State the type of debts you owe that are not consumer debts or business debts					
		-						
17.	Are you filing under Chapter 7?	□ No.	am not filing under Chapter 7. G	Go to line 18.				
	Do you estimate that after any exempt property is excluded and			ou estimate that after any exempt propole to distribute to unsecured creditors	perty is excluded and administrative expenses ?			
	administrative expenses		No					
	are paid that funds will be available for distribution to unsecured creditors?		□Yes					
18.	How many Creditors do you estimate that you owe?	■ 1-49 □ 50-99		□ 1,000-5,000 □ 5001-10,000	☐ 25,001-50,000 ☐ 50,001-100,000			
		□ 100-19 □ 200-99		☐ 10,001-25,000	☐ More than100,000			
19.	How much do you estimate your assets to	□ \$0 - \$5 □ \$50,00	0,000 1 - \$100,000	□ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million	□ \$500,000,001 - \$1 billion □ \$1,000,000,001 - \$10 billion			
	be worth?		01 - \$500,000 01 - \$1 million	□ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion			
20.	How much do you estimate your liabilities to be?	\$100,0	0,000 1 - \$100,000 01 - \$500,000 01 - \$1 million	□ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	□ \$500,000,001 - \$1 billion □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion □ More than \$50 billion			
Part	7: Sign Below							
For	you	I have exa	mined this petition, and I declare	under penalty of perjury that the infor	mation provided is true and correct.			
	If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.							
		If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).						
	I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.							
	I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 151 and 3571.							
		Anna M.	M. Gilgar Gilgar of Debtor 1	Signature of Debto	or 2			
		Executed	November 25, 2019 MM / DD / YYYY	Executed on MN	M / DD / YYYY			

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Debtor 1 Anna M. Gilgar Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

	A. Ferro, Jr., Esq. Attorney for Debtor	Date	November 25, 2019 MM / DD / YYYY
Ralph A. F	erro, Jr., Esq. rf-2229		
Ralph A. F	erro, Jr., Esq.		
	es ain Street, 3rd Floor , NJ 07424		
	City, State & ZIP Code		
Contact phone	973-200-0988	Email address	ralphferrojr@msn.com
rf-2229 NJ	ate		<u></u>

Fill in	n this information to identify you	r case:				eck on 2A-1Sı		lirected	in this form and	in Form
Debt	tor 1 Anna M. Gilgar					27-10	ipp.			
Debt (Spou	tor 2 se, if filing)					■ 1. T	here is no pres	umptio	n of abuse	
	ed States Bankruptcy Court for	the: District of New Je	rsey			á		nade ui	mine if a presur nder <i>Chapter 7 l</i> orm 122A-2)	
(if kno	e number wn)					□ 3. T	he Means Test	does r	not apply now be but it could ap	
-						☐ Ch	eck if this is a	n ame	nded filina	
Off	icial Form 122A -	1								
	apter 7 Statemen	_	rre	nt Monthl	y Inc	om	е			10/19
attach case i	complete and accurate as possible a separate sheet to this form. In number (if known). If you believe ying military service, complete ar Calculate Your Curren	clude the line number to we that you are exempted from the file Statement of Exempted from the Exempted from the file Statement of Exempted from the Exempte	vhich m a p	the additional info presumption of abu	rmation a	applies ise you	On the top of a do not have pri	ny addi marily c	tional pages, writ onsumer debts o	e your name and r because of
1.	What is your marital and filin	g status? Check one or	nly.							
	☐ Not married. Fill out Colum	ın A, lines 2-11.								
	☐ Married and your spouse	is filing with you. Fill o	ut bo	th Columns A and	l B, lines	2-11.				
	■ Married and your spouse	is NOT filing with you.	You	and your spouse	e are:					
	Living in the same house	sehold and are not lega	ally s	eparated. Fill out	both Co	lumns	A and B, lines :	2-11.		
	☐ Living separately or are penalty of perjury that yo living apart for reasons t	ou and your spouse are l	legall	y separated under	r nonbar	kruptc	y law that appli	es or th		
10 the	II in the average monthly income of (10A). For example, if you are filing to 6 months, add the income for all 6 pouses own the same rental property	g on September 15, the 6-n months and divide the tota	nonth I by 6.	period would be Mar Fill in the result. Do	rch 1 thro	ugh Aug de any i	just 31. If the amo	ount of y ore thar	our monthly incom once. For examp	ne varied during le, if both
						Colur		Debt	mn B tor 2 or filing spouse	
2.	Your gross wages, salary, tip payroll deductions).	os, bonuses, overtime,	and	commissions (be	efore all	\$	4,804.25	\$	0.00	
3.	Alimony and maintenance pa Column B is filled in.	ayments. Do not include	payr	ments from a spou	use if	\$	0.00	\$	0.00	
4.	All amounts from any source of you or your dependents, i from an unmarried partner, me and roommates. Include regula	ncluding child support mbers of your household	t. Incl d, you	ude regular contri ur dependents, pa	butions rents,					
	filled in. Do not include paymer	nts you listed on line 3.		-		\$	0.00	\$	0.00	
5.	Net income from operating a	business, profession, Debtor 1	or fa	arm Debtor 2						
	Gross receipts (before all deductions)	\$ 0.00	\$	647.30						
	Ordinary and necessary operating expenses	-\$	-\$_	130.03						
	Net monthly income from a business, profession, or farm	\$ 0.00	\$	517.27	Copy here ->	\$	0.00	\$	517.27	
6.	Net income from rental and o	other real property		_						
			•	Debtor 1						
	Gross receipts (before all dedu	•	\$ -\$							
	Ordinary and necessary opera	ung expenses	-φ	0.00						

Official Form 122A-1

0.00 Copy here -> \$

\$

0.00

0.00

\$

7. Interest, dividends, and royalties

Net monthly income from rental or other real property

0.00

0.00

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Case number (if known)

Anna M. Gilgar Column A Column R Debtor 1 Debtor 2 or non-filing spouse 8. Unemployment compensation 0.00 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For your spouse 0.00 9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled 0.00 0.00 if retired under any provision of title 10 other than chapter 61 of that title. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below. 0.00 0.00 0.00 0.00 Total amounts from separate pages, if any. 0.00 0.00 11. Calculate your total current monthly income. Add lines 2 through 10 for +|\$ 4,804.25 517.27 5,321.52 each column. Then add the total for Column A to the total for Column B. Total current monthly Part 2: **Determine Whether the Means Test Applies to You** 12. Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11 Copy line 11 here=> 5,321.52 Multiply by 12 (the number of months in a year) **x** 12 63,858.24 12b. 12b. The result is your annual income for this part of the form 13. Calculate the median family income that applies to you. Follow these steps: Fill in the state in which you live. NJ Fill in the number of people in your household. Fill in the median family income for your state and size of household. 128,994.00 13. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 14. How do the lines compare? Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. 14a Go to Part 3 Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2. Part 3: Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ Anna M. Gilgar Anna M. Gilgar Signature of Debtor 1 Date November 25, 2019

Debtor 1

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Debtor 1	Anna M. Gilgar	Case number (if known)	
	MM / DD / YYYY		
	If you checked line 14a, do NOT fill out or file Form 122A-2.		
	If you checked line 14b, fill out Form 122A-2 and file it with this form.		

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Fill in this infor				
Debtor 1	Anna M. Gilgar			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	DISTRICT OF NEW JERSEY		
Case number				
(if known)		_		☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

Par	t 1: Summarize Your Assets		
			assets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	117,328.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	5,050.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	122,378.00
Par	t 2: Summarize Your Liabilities		
			iabilities nt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	394,891.25
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	50,441.81
	Your total liabilities	\$	445,333.06
Par	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	5,627.68
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	5,890.00
Par	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with yo	ur other sc	chedules.
7.	■ Yes What kind of debt do you have?		

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 1 Anna M. Gilgar Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$_____5,321.52

Oppy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total o	laim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	27,844.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	27,844.00

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Fill				<u>Docun</u>	nent Page 13 of 58			
	in this informa	tion to identify you	ır case and thi	s filing:				
Deh	tor 1							
Jeb	tor r	Anna M. Gilgar First Name	Middle N	Name	Last Name			
Deb	tor 2							
Spoi	use, if filing)	First Name	Middle N	Name	Last Name			
Jnit	ed States Bank	ruptcy Court for the:	DISTRICT C	F NEW J	ERSEY			
		1 7 -						
Cas	e number							Check if this is a
_								amended filing
)fí	ficial Forr	m 106A/B						
_		-	o o uto v					
<u>)C</u>	neaule	A/B: Pro	perty					12/15
	er every questio	on.	·		form. On the top of any additional page tate You Own or Have an Interest In	s, write your name	e and case n	iumber (ir known).
arı	Describe Ea	ich Residence, Bullun	ng, Lanu, or Oth	ei Reai ESi	tate 100 Own or have an interest in			
Do	you own or hav	e any legal or equital	ble interest in an	y residenc	ce, building, land, or similar property?			
	No. Go to Part 2.							
_								
	Yes. Where is the	ne property?						
.1				What is t	the property? Check all that apply			
.1	3 Park Place			_	the property? Check all that apply ingle-family home			ns or exemptions. Put
.1		• vailable, or other description	on	☐ Si		the amount of a	ny secured o	ns or exemptions. Put claims on <i>Schedule D:</i> Secured by Property.
.1			on .	☐ Si	ingle-family home	the amount of a	ny secured o	claims on Schedule D:
.1			on	☐ Si	ingle-family home uplex or multi-unit building	the amount of a	ny secured o	claims on Schedule D:
.1	Street address, if a	vailable, or other descriptio		Si Di Co	ingle-family home uplex or multi-unit building ondominium or cooperative lanufactured or mobile home	the amount of a Creditors Who is	ny secured of the secured of the	claims on Schedule D: Secured by Property.
1.1	Street address, if a	akes NJ 07	7442-0000	Si Di	ingle-family home uplex or multi-unit building ondominium or cooperative lanufactured or mobile home and	the amount of a Creditors Who i	ny secured of Have Claims of the	claims on Schedule D: Secured by Property. Current value of the portion you own?
1.1	Street address, if a	vailable, or other descriptio		Si Di Co	ingle-family home uplex or multi-unit building ondominium or cooperative lanufactured or mobile home	the amount of a Creditors Who is Current value of entire property \$234,6	of the	claims on Schedule D: Secured by Property. Current value of the portion you own? \$117,328.0
1.1	Street address, if a	akes NJ 07	7442-0000	Si Di Ci	ingle-family home uplex or multi-unit building ondominium or cooperative lanufactured or mobile home and ovestment property	the amount of a Creditors Who if Current value entire property \$234,6 Describe the n	of the control of the	claims on Schedule D: Secured by Property. Current value of the portion you own? \$117,328.0
.1	Street address, if a	akes NJ 07	7442-0000	Si Si Di Ci	ingle-family home uplex or multi-unit building ondominium or cooperative lanufactured or mobile home and ivestment property imeshare	the amount of a Creditors Who if Current value entire property \$234,6 Describe the n	of the 556.00 ature of you mple, tenan	claims on Schedule D: Secured by Property. Current value of the portion you own? \$117,328.0
.1	Street address, if a	akes NJ 07	7442-0000	Si Di	ingle-family home uplex or multi-unit building ondominium or cooperative lanufactured or mobile home and ivestment property imeshare	Current value entire property \$234,6 Describe the n (such as fee si	of the control of the	claims on Schedule D: Secured by Property. Current value of the portion you own? \$117,328.0 Ir ownership interest cy by the entireties, co
.1	Street address, if a	akes NJ 07	7442-0000	Si Di Ci M La In Ti Ci Who has	ingle-family home uplex or multi-unit building ondominium or cooperative lanufactured or mobile home and investment property imeshare ther s an interest in the property? Check one	Current value entire property \$234,6 Describe the n (such as fee si a life estate), if	of the control of the	claims on Schedule D: Secured by Property. Current value of the portion you own? \$117,328.0 Ir ownership interest cy by the entireties, co
.1	Street address, if a Pompton La City	akes NJ 07	7442-0000	Si Di Ci M La In Ti O Who has	ingle-family home uplex or multi-unit building ondominium or cooperative lanufactured or mobile home and expectment property imeshare ther s an interest in the property? Check one ebtor 1 only	Current value of entire property \$234,6 Describe the n (such as fee si a life estate), if	of the from	Current value of the portion you own? \$117,328.0 Ir ownership interest cy by the entireties, corety
1.1	Pompton La City Passaic	akes NJ 07	7442-0000	Si S	ingle-family home uplex or multi-unit building ondominium or cooperative lanufactured or mobile home and evestment property imeshare other s an interest in the property? Check one ebtor 1 only ebtor 2 only	Current value of entire property \$234,6 Describe the n (such as fee si a life estate), if	of the control of the	claims on Schedule D: Secured by Property. Current value of the portion you own? \$117,328.0 Ir ownership interest cy by the entireties, co
1.1	Pompton La City Passaic	akes NJ 07	7442-0000	Si Di	ingle-family home uplex or multi-unit building ondominium or cooperative lanufactured or mobile home and evestment property imeshare other an interest in the property? Check one ebtor 1 only ebtor 2 only ebtor 1 and Debtor 2 only	the amount of a Creditors Who is Current value of entire property \$234,6 Describe the n (such as fee si a life estate), if Tenancy by	of the ??	Current value of the portion you own? \$117,328.0 Ir ownership interest cy by the entireties, corety
1.1	Pompton La City Passaic	akes NJ 07	7442-0000	Si Di Di Di Di Di Di Di Di Di Other inf	ingle-family home uplex or multi-unit building ondominium or cooperative lanufactured or mobile home and expectment property imeshare other as an interest in the property? Check one ebtor 1 only ebtor 2 only t least one of the debtors and another	the amount of a Creditors Who is Current value of entire property \$234,6 Describe the n (such as fee si a life estate), if Tenancy by	of the ??	Current value of the portion you own? \$117,328.0 Ir ownership interest cy by the entireties, corety
1.1	Pompton La City Passaic	akes NJ 07	7442-0000	Si Di Di Di Di Di Di Di Di Di Other inf	ingle-family home uplex or multi-unit building ondominium or cooperative lanufactured or mobile home and expectment property imeshare other s an interest in the property? Check one ebtor 1 only ebtor 2 only ebtor 1 and Debtor 2 only t least one of the debtors and another formation you wish to add about this ite	the amount of a Creditors Who is Current value of entire property \$234,6 Describe the n (such as fee si a life estate), if Tenancy by	of the ??	Current value of the portion you own? \$117,328.0 Ir ownership interest cy by the entireties, corety
1.1	Pompton La City Passaic	akes NJ 07	7442-0000	Si Di Di Di Di Di Di Di Di Di Other inf	ingle-family home uplex or multi-unit building ondominium or cooperative lanufactured or mobile home and expectment property imeshare other s an interest in the property? Check one ebtor 1 only ebtor 2 only ebtor 1 and Debtor 2 only t least one of the debtors and another formation you wish to add about this ite	the amount of a Creditors Who is Current value of entire property \$234,6 Describe the n (such as fee si a life estate), if Tenancy by	of the ??	Current value of the portion you own? \$117,328.0 Ir ownership interest cy by the entireties, orety
1.1	Pompton La City Passaic	akes NJ 07	7442-0000	Si Di Di Di Di Di Di Di Di Di Other inf	ingle-family home uplex or multi-unit building ondominium or cooperative lanufactured or mobile home and expectment property imeshare other s an interest in the property? Check one ebtor 1 only ebtor 2 only ebtor 1 and Debtor 2 only t least one of the debtors and another formation you wish to add about this ite	the amount of a Creditors Who is Current value of entire property \$234,6 Describe the n (such as fee si a life estate), if Tenancy by	of the ??	Current value of the portion you own? \$117,328.0 Ir ownership interest cy by the entireties, corety
2. ,	Pompton La City Passaic County	akes NJ 07 State	7442-0000 ZIP Code	Si S	ingle-family home uplex or multi-unit building ondominium or cooperative lanufactured or mobile home and expectment property imeshare other s an interest in the property? Check one ebtor 1 only ebtor 2 only ebtor 1 and Debtor 2 only t least one of the debtors and another formation you wish to add about this ite	the amount of a Creditors Who is Current value of entire property \$234,6 Describe the n (such as fee si a life estate), if Tenancy by Check if the (see instruction, such as local entire property to the property such as local entire property to the property such as local entire property such as local ent	of the ??	Current value of the portion you own? \$117,328.0 Ir ownership interest cy by the entireties, orety

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

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Debt	or 1 Anna M. Gi	lgar		Case number (if known)	
3. C a	ırs. vans. trucks. tra	ctors, sport utility ve	hicles. motorcycles		
	Yes				
	.			Do not deduct se	cured claims or exemptions. Put
3.1	Make: Ford		Who has an interest in the property? Check one	the amount of any	y secured claims on <i>Schedule D:</i>
	Model: Fusion		Debtor 1 only	Creditors Who Ha	ave Claims Secured by Property.
	Year: 2008	450.000	Debtor 2 only	Current value of	
	Approximate mileage: Other information:	150,000	Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Other information.		☐ At least one of the debtors and another		
			☐ Check if this is community property	\$1,50	0.00 \$1,500.00
			(see instructions)		
			d other recreational vehicles, other vehicles,		
Exa	amples: Boats, trailers	s, motors, personal wa	tercraft, fishing vessels, snowmobiles, motorcyc	le accessories	
	No				
	Yes				
ш	165				
5 A	dd the dollar value o	of the portion you ow	n for all of your entries from Part 2, including	any entries for	
			that number here		\$1,500.00
		sonal and Household It			
Do y	ou own or have any	legal or equitable in	terest in any of the following items?		Current value of the portion you own?
					Do not deduct secured
					claims or exemptions.
	ousehold goods and	l furnishings ances, furniture, linens	china kitchenware		
	No	anocs, rumiture, intens	, onna, Mononware		
	Yes. Describe				
			gs, tables, chairs, desks, beds, sofas, co		
			bles, lamps, lighitng, window treatment		
			rgerator, washer, dryer, microwave, usu	ial decor,	\$1,500.00
		etc.			Ψ1,000.00
	ectronics	and radios, audio vid	eo, stereo, and digital equipment; computers, pri	ntara acampara music	callactiona, alactronia davissa
E.	,	and radios, audio, vidi ell phones, cameras, m		mers, scanners, music o	collections, electronic devices
	l No	, ,	1 7 73		
	Yes. Describe				
			cs, TVs, DVDs and player, music CDs, co	omputers,	¢450.00
		phones, etc.			\$150.00
	ollectibles of value				
E		d figurines; paintings, tions, memorabilia, co	prints, or other artwork; books, pictures, or other	art objects; stamp, coir	, or baseball card collections;
_	No	uons, memorabilia, co	liectibles		
	No Yes. Describe				
	uipment for sports				
E	<i>xamples:</i> Sports, phot musical inst		nd other hobby equipment; bicycles, pool tables,	golf clubs, skis; canoes	and kayaks; carpentry tools;
	No	uunionis			
	Yes. Describe				
	1 100. DESCRIDE				

Official Form 106A/B Schedule A/B: Property page 2

Case 19-32157-SLM Doc 1 Filed 11/25/19 Entered 11/25/19 17:07:12 Desc Main Page 15 of 58 Document Debtor 1 Case number (if known) Anna M. Gilgar 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment No ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Yes. Describe..... Usual clothing, business and casual, women's accessories, shoes, pants, suits, dresses, skirts, blouses, boots, jackets, coats, gloves, \$900.00 hats, jeans, slacks, sneakers, etc. 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver ■ Yes. Describe..... \$500.00 Usual jewelry, etc. 13. Non-farm animals Examples: Dogs, cats, birds, horses No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$3,050.00 for Part 3. Write that number here Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition ■ No ☐ Yes..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No

17.1. Checking

■ Yes.....

Bonds, mutual funds, or publicly traded stocks
 Examples: Bond funds, investment accounts with brokerage firms, money market accounts

Institution name:

Columbia Bank

■ No

☐ Yes...... Institution or issuer name:

\$500.00

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De	ebtor 1	Anna M. Gilgar			Case number (if known)	
19.	-	ublicly traded stock and interventure	rests in incorporat	ed and unincorporated business	es, including an interest in	an LLC, partnership, and
	■ No					
	☐ Yes.	Give specific information about Name o			% of ownership:	
20.	Negot Non-ri	<i>iable instrument</i> s include perso	nal checks, cashier	ole and non-negotiable instrumer s' checks, promissory notes, and n er to someone by signing or deliver	noney orders.	
	■ No					
	⊔ Yes.	Give specific information abou Issuer n				
21.		ment or pension accounts oles: Interests in IRA, ERISA, k	Keogh, 401(k), 403(l	o), thrift savings accounts, or other	pension or profit-sharing plar	ns
	■ No					
	☐ Yes.	List each account separately. Type of ac	count:	Institution name:		
22.	Yours		u have made so tha	t you may continue service or use t lic utilities (electric, gas, water), tele		, or others
	No					
	☐ Yes.			Institution name or individual:		
23.	_	ties (A contract for a periodic p	ayment of money to	you, either for life or for a number	of years)	
	■ No		al ala a a minatia na			
	☐ Yes.	lssuer name an	a description.			
24.		ts in an education IRA, in an C. §§ 530(b)(1), 529A(b), and		fied ABLE program, or under a q	ualified state tuition progra	ım.
	■ No					
	☐ Yes.	Institution name	and description. Se	eparately file the records of any inte	erests.11 U.S.C. § 521(c):	
25.	_	, equitable or future interests	in property (other	than anything listed in line 1), a	nd rights or powers exerci	sable for your benefit
	■ No □ Yes.	Give specific information abou	ut them			
26.		s, copyrights, trademarks, tra oles: Internet domain names, w		ther intellectual property rom royalties and licensing agreem	ents	
	■ No					
	☐ Yes.	Give specific information about	ut them			
27.	Licens Exam	ses, franchises, and other ger poles: Building permits, exclusive	neral intangibles e licenses, cooperat	tive association holdings, liquor lice	enses, professional licenses	
	■ No					
	☐ Yes.	Give specific information about	ut them			
М	onev or	property owed to you?				Current value of the
	,	property enem to your				portion you own? Do not deduct secured claims or exemptions.
	Tax re ■ No	funds owed to you				
		Give specific information abou	t them, including wh	nether you already filed the returns	and the tax years	
29.		r support oles: Past due or lump sum alir	nony, spousal supp	ort, child support, maintenance, div	orce settlement, property set	tlement
		Give specific information				

Official Form 106A/B Schedule A/B: Property page 4

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Debto	^{· 1} Anna M. Gilgar		Case number (if known)	
	benefits; unpaid loans ye		s, sick pay, vacation pay, workers' compe	nsation, Social Security
	es. Give specific information			
	•	nsurance; health savings account (HSA	A); credit, homeowner's, or renter's insura	nce
	∕es. Name the insurance compan Compa	y of each policy and list its value. any name:	Beneficiary:	Surrender or refund value:
lf : sc ■ N	you are the beneficiary of a living meone has died.	e you from someone who has died trust, expect proceeds from a life insura	ance policy, or are currently entitled to rec	eive property because
33. Cla	aims against third parties, whet camples: Accidents, employment of	her or not you have filed a lawsuit or disputes, insurance claims, or rights to		
= 1		d claims of every nature, including co	ounterclaims of the debtor and rights t	o set off claims
<u> </u>	y financial assets you did not a No Yes. Give specific information	Iready list		
		Timeshare Epic Resorts 210 South Beach Street Suite 100 Daytona, FL 32114		Unknown
	dd the dollar value of all of you or Part 4. Write that number her	r entries from Part 4, including any e	entries for pages you have attached	\$500.00
Part 5:	Describe Any Business-Related P	roperty You Own or Have an Interest In. L	ist any real estate in Part 1.	
■ N	you own or have any legal or equita o. Go to Part 6. es. Go to line 38.	ble interest in any business-related prope	erty?	
Part 6:	Describe Any Farm- and Commerce If you own or have an interest in farm	cial Fishing-Related Property You Own or nland, list it in Part 1.	Have an Interest In.	
	you own or have any legal or e No. Go to Part 7. Yes. Go to line 47.	equitable interest in any farm- or com	nmercial fishing-related property?	

Official Form 106A/B Schedule A/B: Property page 5

Describe All Property You Own or Have an Interest in That You Did Not List Above

Part 7:

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Det	otor 1	Anna M. Gilgar	Case number (if known)		
53.		have other property of any kind you did not already list? les: Season tickets, country club membership			
ı	No				
	☐ Yes. (Give specific information			
54.	Add th	he dollar value of all of your entries from Part 7. Write tha	t number here		\$0.00
Part	8:	List the Totals of Each Part of this Form			
55.	Part 1	: Total real estate, line 2			\$117,328.00
56.	Part 2	: Total vehicles, line 5	\$1,500.00		
57.	Part 3	: Total personal and household items, line 15	\$3,050.00		
58.	Part 4	: Total financial assets, line 36	\$500.00		
59.	Part 5	: Total business-related property, line 45	\$0.00		
60.	Part 6	: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7	: Total other property not listed, line 54 +	\$0.00		
62.	Total	personal property. Add lines 56 through 61	\$5,050.00	Copy personal property total	s5,050.00
				_	

Official Form 106A/B Schedule A/B: Property page 6

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$122,378.00

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Fill in this information to identify your case:							
Debtor 1	Anna M. Gilgar						
	First Name	Middle Name	Last Name				
Debtor 2							
(Spouse if, filing)	First Name	Middle Name	Last Name	_			
United States Bankruptcy Court for the:		DISTRICT OF NEW JERSEY		_			
Case number (if known)				☐ Check if this is an amended filing			

Official Form 106C

Schedule C: The Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Ex	empt
---	------

	☐ You are claiming state and federal nonban	kruptcy exemptions.	11 U.S	S.C. § 522(b)(3)					
	■ You are claiming federal exemptions. 11	J.S.C. § 522(b)(2)							
2.	For any property you list on Schedule A/B that you claim as exempt, fill in the information below.								
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the Amount of the exemption you claim portion you own		Specific laws that allow exemption					
		Copy the value from Schedule A/B							
	2008 Ford Fusion 150,000 miles Line from Schedule A/B: 3.1	\$1,500.00		\$1,500.00	11 U.S.C. § 522(d)(2)				
	Line non ochequie A/D. 4.1			100% of fair market value, up to any applicable statutory limit					
	Usual furnishings, tables, chairs, desks, beds, sofas, couches, end	\$1,500.00		\$1,500.00	11 U.S.C. § 522(d)(3)				
	tables, coffee tables, lamps, lighitng, window treatments, usual appliances, refirgerator, washer, dryer, microwave, usual decor, etc. Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit					
	Usual electronics, TVs, DVDs and player, music CDs, computers,	\$150.00		\$150.00	11 U.S.C. § 522(d)(3)				
	phones, etc. Line from Schedule A/B: 7.1			100% of fair market value, up to any applicable statutory limit					
	Usual clothing, business and casual, women's accessories, shoes, pants,	\$900.00		\$900.00	11 U.S.C. § 522(d)(3)				
	suits, dresses, skirts, blouses, boots, jackets, coats, gloves, hats, jeans, slacks, sneakers, etc.			100% of fair market value, up to any applicable statutory limit					

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Debtor	Anna M. Gilgar			Case number (if known)		
	ief description of the property and line on thedule A/B that lists this property	on Current value of the Amo portion you own		ount of the exemption you claim	Specific laws that allow exemption	
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.		
	sual jewelry, etc.	\$500.00		\$500.00	11 U.S.C. § 522(d)(4)	
L	ie nom denedate AVD. 12.1		□ 100% of fair market value, up to any applicable statutory limit			
	hecking: Columbia Bank	\$500.00		\$500.00	11 U.S.C. § 522(d)(5)	
LII	ie IIIIII <i>Schedule FVD</i> . 17.1			100% of fair market value, up to any applicable statutory limit		
	re you claiming a homestead exemption ubject to adjustment on 4/01/22 and every No Yes. Did you acquire the property cover No Yes	3 years after that for ca	ises fi	•	,	

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		Document	Page 21 d	of 58		
Fill in this infor	rmation to identify you	r case:				
Debtor 1	Anna M. Gilgar					
	First Name	Middle Name	Last Name		-	
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name			
	ankruptcy Court for the:	DISTRICT OF NEW JERSEY				
Case number						
(if known)					_	eck if this is an ended filing
Official For	m 106D					-
		Who Have Claims S	Secured	by Propert	V	12/15
				<u> </u>	<u></u>	
	ne Additional Page, fill it o	f two married people are filing togethe out, number the entries, and attach it to				
1. Do any creditor	s have claims secured by	your property?				
☐ No. Ched	ck this box and submit th	nis form to the court with your other s	schedules. You	ı have nothing else t	o report on this forn	١.
Yes. Fill	in all of the information b	pelow.				
Part 1: List	All Secured Claims					
2. List all secured	d claims. If a creditor has n	nore than one secured claim, list the cred	litor separately	Column A	Column B	Column C
		a particular claim, list the other creditors cal order according to the creditor's name		Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2.1 Epic Res	orts	Describe the property that secures the	ne claim:	Unknown	Unknow	
Creditor's Nar	me	Timeshare Epic Resorts 210 South Beach Street Suite 100				
210 Sout Suite 100	th Beach Street	Daytona, FL 32114 As of the date you file, the claim is: C	Check all that			
	Beach, FL 32114	apply. Contingent				
Number, Stree	et, City, State & Zip Code	☐ Unliquidated				
		☐ Disputed				
Who owes the d	lebt? Check one.	Nature of lien. Check all that apply.				
■ Debtor 1 only □ Debtor 2 only		☐ An agreement you made (such as m car loan)	nortgage or secui	red		
Debtor 1 and D	Debtor 2 only	☐ Statutory lien (such as tax lien, mech	hanic's lien)			
At least one of	the debtors and another	☐ Judgment lien from a lawsuit				
Check if this community d	claim relates to a lebt	Other (including a right to offset)	Lien			
Date debt was in	curred	Last 4 digits of account numb	er			

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Debtor 1 🛕	Anna M. Gilgar		Case	number (if known)		
Fi	irst Name Middle N	ame Last Name		_		
2.2 Feder	ral National Mtg	Describe the property that secures	the claim:	\$296,891.25	\$234,656.00	\$62,235.25
Creditor'		3 Park Place Pompton Lake 07442 Passaic County				
Wash	Wisconsin Avenue nington, DC 6-2806	As of the date you file, the claim is: apply. Contingent	Check all that			
Number,	, Street, City, State & Zip Code	☐ Unliquidated ☐ Disputed				
Who owes t	the debt? Check one.	Nature of lien. Check all that apply.				
Debtor 1 o	•	☐ An agreement you made (such as car loan)	mortgage or secured			
Debtor 1 a	and Debtor 2 only	☐ Statutory lien (such as tax lien, me	chanic's lien)			
At least or	ne of the debtors and another	☐ Judgment lien from a lawsuit				
☐ Check if t	this claim relates to a nity debt	Other (including a right to offset)	Mortgage			
Date debt wa	as incurred	Last 4 digits of account num	ber			
2.3 TD Ba	ank, NA	Describe the property that secures		\$98,000.00	\$234,656.00	\$98,000.00
Creditor	s ivalile	3 Park Place Pompton Lake 07442 Passaic County	s, NJ			
One F	Portland Square	As of the date you file, the claim is:	Check all that			
	and, ME 04101	apply. Contingent				
Number,	, Street, City, State & Zip Code	☐ Unliquidated ☐ Disputed				
Who owes t	the debt? Check one.	Nature of lien. Check all that apply.				
Debtor 1 c		☐ An agreement you made (such as	mortgage or secured			
Debtor 2 o	only	car loan)				
Debtor 1 a	and Debtor 2 only	☐ Statutory lien (such as tax lien, me	chanic's lien)			
At least or	ne of the debtors and another	☐ Judgment lien from a lawsuit				
☐ Check if t	this claim relates to a nity debt	Other (including a right to offset)	Second Mortga	age		
Date debt wa	as incurred	Last 4 digits of account num	ber			
	ullen velve of very entries in C	olumn A on this page. Write that num	hav have	¢204 904 25	-T	
	•	the dollar value totals from all pages		\$394,891.25	7	
	number here:	. 5		\$394,891.25		
Part 2: Lis	st Others to Be Notified fo	r a Debt That You Already Listed	1			
Use this pag trying to coll than one cre	e only if you have others to b lect from you for a debt you o	e notified about your bankruptcy for we to someone else, list the creditor you listed in Part 1, list the addition	a debt that you alrea	ist the collection agency	here. Similarly, if yo	ou have more
П						
	, Number, Street, City, State &	Zip Code	On which line	e in Part 1 did you enter th	e creditor? 2.2	
961 I	sina Law Firm Holmdel Road ndel, NJ 07733		Last 4 digits	of account number		
Name	, Number, Street, City, State & 2	Zip Code	On which line	e in Part 1 did you enter th	ne creditor? ??	
Plue	se, Becker & Saltzman			•	- orealior!	
Suite	00 Horizon Way e 900 nt Laurel, NJ 08054		Last 4 digits	of account number		

Official Form 106D

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Debtor 1	Anna M. Gilgar			Case number (if known)	
	First Name	Middle Name	Last Name		
Se 85 BI Se	me, Number, Street, C eterus, Inc 601 IBM Drive dg 201 ervices, Inc. narlotte, NC 2826	,		On which line in Part 1 did you enter the creditor? Last 4 digits of account number	

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		Document	Page 2	24 of 58		
Fill in this in	nformation to identify your	case:				
Debtor 1	Anna M. Gilgar					
20210	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, filing) First Name	Middle Name	Last Name			
United State	s Bankruptcy Court for the:	DISTRICT OF NEW JERSE	Y			
Case numbe	ar					
(if known)						heck if this is an
					a	mended filing
Official F	- mm 1065/5					
	orm 106E/F	// 11 11				40/45
		/ho Have Unsecured se Part 1 for creditors with PRIOR				12/15
Schedule G: E Schedule D: C left. Attach the	xecutory Contracts and Unexp reditors Who Have Claims Sec	that could result in a claim. Also ired Leases (Official Form 106G) ured by Property. If more space ige. If you have no information to a	. Do not include s needed, copy	e any creditors with partially / the Part you need, fill it ou	y secured claims t, number the en	that are listed in tries in the boxes on the
Part 1: L	ist All of Your PRIORITY Ur	nsecured Claims				
1. Do any c	reditors have priority unsecure	d claims against you?				
No. G	o to Part 2.					
☐ Yes.						
Part 2: L	ist All of Your NONPRIORIT	V Uneacured Claims				
	reditors have nonpriority unse					
_ `			th vous other col	hadulaa		
□ NO. YO	ou nave nothing to report in this p	eart. Submit this form to the court wi	tn your other scr	ledules.		
Yes.						
unsecure	d claim, list the creditor separatel	aims in the alphabetical order of y for each claim. For each claim list ist the other creditors in Part 3.If yo	ed, identify what	t type of claim it is. Do not list	claims already inc	luded in Part 1. If more
						Total claim
	nk of America, NA	Last 4 digits of a	ccount number			Unknown
	oriority Creditor's Name North Tryon Street	When was the de	ht incurred?	2019		
	arlotte, NC 28202	When was the de	ibt illeurreur	2013		-
Num	ber Street City State Zip Code	As of the date yo	u file, the claim	is: Check all that apply		
_	incurred the debt? Check one.					
	ebtor 1 only	☐ Contingent				
	ebtor 2 only	☐ Unliquidated				
	ebtor 1 and Debtor 2 only	☐ Disputed				
	t least one of the debtors and an		ORITY unsecure	ed claim:		
	heck if this claim is for a com-	_				
debt Is th	e claim subject to offset?	☐ Obligations arise		paration agreement or divorce	that you did not	
	•	' ' '		ing plans, and other similar de	ebts	
		Other. Specify	•	• •		
		- Other, Specify	J. Jan Jan	- parenaeee		

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Debto	or 1 Anna M. Gilgar	Case number (if known)	
4.2	CG Indigo/GF	Last 4 digits of account number 0004	\$410.12
	Nonpriority Creditor's Name Box 4499 Beaverton, OR 97076	When was the debt incurred? 2018	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	□ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify Credit card purchases	
4.3	Chilton Medical Center Nonpriority Creditor's Name	Last 4 digits of account number	Unknown
	97 West Parkway Pompton Plains, NJ 07444	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Medical Bills	
4.4	Consumer Portfolio Svc Nonpriority Creditor's Name	Last 4 digits of account number 0148	\$13,514.86
	Box 57071 Suite 500	When was the debt incurred? 2018	
	Irvine, CA 92619 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Collection Other. Specify Vehicle Repossession	

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Debto	1 Anna M. Gilgar	Case number (if known)					
4.5	Dept. Ed/Navient Nonpriority Creditor's Name	Last 4 digits of account number	\$5,672.00				
	Box 9635	When was the debt incurred? 2015					
	Wilkes Barre, PA 18773	- As of the date of the development of the developm					
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply					
	Debtor 1 only	☐ Contingent					
		☐ Unliquidated					
	Debtor 2 only	☐ Disputed					
	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:					
	☐ At least one of the debtors and another	Student loans					
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not					
	Is the claim subject to offset?	report as priority claims					
	■ No	Debts to pension or profit-sharing plans, and other similar debts					
	□Yes	☐ Other. Specify					
		Student Loan					
16	Dent Ed/Nevient	Last 4 digits of account number	¢2 942 00				
4.6	Dept. Ed/Navient Nonpriority Creditor's Name	Last 4 digits of account number	\$2,843.00				
	Box 9635	When was the debt incurred? 2015					
	Wilkes Barre, PA 18773 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply					
	Who incurred the debt? Check one.	As of the date you me, the claim is. Oneon all that apply					
	■ Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	Debtor 1 and Debtor 2 only	. □ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:					
	☐ Check if this claim is for a community	Student loans					
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not					
	Is the claim subject to offset?	report as priority claims					
	No	☐ Debts to pension or profit-sharing plans, and other similar debts					
	☐ Yes	Other. Specify					
		Student Loan					
4.7	Dept. Ed/Navient	Last 4 digits of account number	\$4,076.00				
	Nonpriority Creditor's Name		+ 1,011 1111 1				
	Box 9635	When was the debt incurred? 2015					
	Wilkes Barre, PA 18773 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply					
	Who incurred the debt? Check one.						
	Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:					
	☐ Check if this claim is for a community	Student loans					
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not					
	Is the claim subject to offset?	report as priority claims					
	■ No	Debts to pension or profit-sharing plans, and other similar debts					
	Yes	Other. Specify					
		Student Loan					

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Debto	or 1 Anna M. Gilgar		
4.8	Dept. Ed/Navient	Last 4 digits of account number	\$7,813.00
	Nonpriority Creditor's Name Box 9635 Wilkes Barre, PA 18773	When was the debt incurred? 2015	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	☐ Other. Specify	
		Student Loan	
40	Don't Ed/Novion	Look deligite of account growth or	\$7.440.00
4.9	Dept. Ed/Navient Nonpriority Creditor's Name	Last 4 digits of account number	\$7,440.00
	Box 9635	When was the debt incurred? 2015	
	Wilkes Barre, PA 18773 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	☐Yes	Other. Specify	
		Student Loan	
4.1			
0	Dr. J. Mazzone	Last 4 digits of account number	Unknown
	Nonpriority Creditor's Name 51 Route 23	When was the debt incurred?	
	#1		
	Riverdale, NJ 07457		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	Пол	
	■ Debtor 1 only □ Contingent □ Debtor 2 only □ Unliquidated		
	Debtor 2 only Debtor 1 and Debtor 2 only		
	☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify Medical Bills	
	□ 1€5		

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Deb	tor 1 Anna M. Gilgar	Case number (if known)	
4.1 1	Merrick Bank	Last 4 digits of account number 2061	\$481.59
	Nonpriority Creditor's Name		
	Box 9201	When was the debt incurred? 2018	
	Old Bethpage, NY 11804 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	□ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Consumer Debt	
4.1 2	NJ Pediatric Neuro Inst	Last 4 digits of account number	\$725.00
	Nonpriority Creditor's Name 131 Madison Avenue	When was the debt incurred? 2019	
	3rd Floor	When was the dept incurred:	
	Morristown, NJ 07960-7360		
	Number Street City State Zip Code		
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Medical Bills	
4.4	1		
4.1 3	Paul Michael Marketing	Last 4 digits of account number	\$60.00
	Nonpriority Creditor's Name	Miles and the delicities and 0 0047	
	15916 Union Tpke Suite 302	When was the debt incurred? 2017	
	Fresh Meadows, NY 11366		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	\square Check if this claim is for a community	☐ Student loans	
	debt	Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	□ Yes	Other Specify Medical Collection	

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Case number (if known)

Debtor 1 Anna M. Gilgar		Case number (if known)				
4.1	Portfolio Recovery Services	Last 4 digits of account number	\$327.00			
	Nonpriority Creditor's Name 120 Corporate Blvd Ste 100	When was the debt incurred? 2017				
	Norfolk, VA 23502	As af the date confile the plains in Observable III that are by				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply				
	Debtor 1 only	Continued.				
	Debtor 2 only	☐ Contingent ☐ Unliquidated				
		☐ Disputed				
	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:				
	At least one of the debtors and another	Student loans				
	☐ Check if this claim is for a community debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims				
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts				
	☐ Yes	■ Other Specify Collection				
4.1 5	Portfolio Recovery Services	Last 4 digits of account number	\$326.92			
	Nonpriority Creditor's Name 120 Corporate Blvd Ste 100 Norfolk, VA 23502	When was the debt incurred? 2019				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply				
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts				
	☐ Yes	Other. Specify Collection				
4.1 6	Rehabilition Medicine Ctr of NJ Nonpriority Creditor's Name	Last 4 digits of account number	\$1,050.22			
	1350 Route 23 North Wayne, NJ 07470	When was the debt incurred? 2019				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply				
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community	☐ Student loans				
	debt	Obligations arising out of a separation agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts				
	■ No					
	☐ Yes	Other Specific Medical Bills				

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Deb	Anna M. Gilgar	Case number (if known)	
4.1 7	Saint Barnabas Med Ctr	Last 4 digits of account number	Unknown
<u>, </u>	Nonpriority Creditor's Name Box 29960	When was the debt incurred?	
	New York, NY 10087-9960		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	_	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	\square Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify Medical Bills	
4.1	Ot I whale He switch		Halana
8	St. Luke's Hospital Nonpriority Creditor's Name	Last 4 digits of account number	Unknown
	801 Ostrum Street	When was the debt incurred?	
	Bethlehem, PA 18015		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	\square Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Medical Bills	
4.1 9	TD Bank, NA	Last 4 digits of account number 1128	Unknown
<u> </u>	Nonpriority Creditor's Name One Portland Square	When was the debt incurred?	
	Portland, ME 04101 Number Street City State Zip Code	A state data was file the alains in Observation	
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only		
	Debtor 2 only	☐ Contingent	
	Debtor 1 and Debtor 2 only	Unliquidated	
	<u> </u>	Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other Specify Charge-off, was a LOC	
	L Tes	()ther Specify Clidiue-Ull. was a LUC	

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Debtor	Anna M. Gilgar		Case number (if known)				
4.2	Well Comelline since of NV Breek			60 570 44			
0	Weill Cornell Imaging at NY Presb Nonpriority Creditor's Name	Last 4 digits of account nu	mber	\$3,576.41			
	GPO Box 28375	When was the debt incurre	d? 2016				
	New York, NY 10087-8371		_ 				
	Number Street City State Zip Code	As of the date you file, the	claim is: Check all that apply				
	Who incurred the debt? Check one.	-					
	■ Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	Disputed					
	lacksquare At least one of the debtors and another	Type of NONPRIORITY uns	ecured claim:				
	☐ Check if this claim is for a community	☐ Student loans	☐ Student loans				
	debt		Obligations arising out of a separation agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims	charing plane, and other circiles debte				
	■ No		Debts to pension or profit-sharing plans, and other similar debts				
	Yes	Other. Specify Medica	al Bills				
4.2	Weill Cornell Med College	Land A. W. Mars Construction		\$2,125.69			
1	Nonpriority Creditor's Name	Last 4 digits of account nu	mber	\$2,125.0 5			
1300 York Avenue		When was the debt incurre	d? 2016				
	New York, NY 10065 Number Street City State Zip Code	As of the date you file, the	As of the date you file, the claim is: Check all that apply				
Who incurred the debt? Check one.							
	Debtor 1 only	☐ Contingent	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY uns	ecured claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	Obligations arising out of report as priority claims	a separation agreement or divorce that you did not				
	■ No	<u> </u>	-sharing plans, and other similar debts				
	Yes	■ Other Specify Medica	•				
	165	Other. Specify					
Part 3	List Others to Be Notified About a D	ebt That You Already Listed					
is try	ing to collect from you for a debt you owe to s	someone else, list the original cred at you listed in Parts 1 or 2, list th	that you already listed in Parts 1 or 2. For examp litor in Parts 1 or 2, then list the collection agency e additional creditors here. If you do not have add	here. Similarly, if you			
	and Address	On which entry in Part 1 or Part 2 or	· _				
	al One Bank) Capital One Way	Line 4.14 of (Check one):	Part 1: Creditors with Priority Unsecured Clair				
	nond, VA 23060		Part 2: Creditors with Nonpriority Unsecured 0	Claims			
		Last 4 digits of account number					
	and Address	On which entry in Part 1 or Part 2 or	lid you list the original creditor?				
	al One Bank	Line 4.15 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Clair				
10700 Capital One Way Richmond, VA 23060			Part 2: Creditors with Nonpriority Unsecured 0	Claims			
		Last 4 digits of account number					
Name a	and Address	On which entry in Part 1 or Part 2 or	lid you list the original creditor?				
Dr. Anthony Dippolito 201 Drift Court		Line 4.18 of (<i>Check one</i>):	☐ Part 1: Creditors with Priority Unsecured Clair	ms			
			■ Part 2: Creditors with Nonpriority Unsecured 0	Claims			
betni	ehem, PA 18020	Last 4 digits of account number					
Nom-	and Address	On which onto in Dart 4 D- 10	lid you list the original areditor?				
	and Address Medical Laboratory	On which entry in Part 1 or Part 2 or Line 4.13 of (<i>Check one</i>):	iid you list the original creditor? \Box Part 1: Creditors with Priority Unsecured Clair	ms			
63 Flu	ushing Avenue		Part 2: Creditors with Nonpriority Unsecured 0				
#336			. a z. o. oakoro mar Homphority Oriocoured				

Official Form 106 E/F

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Debtor 1 Anna M. Gilgar Case number (if known)

Brooklyn, NY 11205

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				•	Total Claim
	6a.	Domestic support obligations	6a.	\$	0.00
Total claims					
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
					Total Claim
	6f.	Student loans	6f.	\$	27,844.00
Total claims					
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.		6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	22,597.81
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	50,441.81

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Fill in this information to identify your case:				
Debtor 1	Anna M. Gilgar			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	DISTRICT OF NEW JEF	RSEY	
Case number				
(if known)				

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	r company wit Name, Numb	h whom you have the er, Street, City, State and ZIP C	contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.2					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.3	Oity		Glate	Zii Gode	
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.4	- ,			-	
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.5	•				
	Name				_
	Number	Street			_
	City		State	ZIP Code	<u> </u>

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Fill in tl	nis information to identify your	case:		
Debtor	1 Anna M. Gilgar			
D - l- t (First Name	Middle Name	Last Name	
Debtor 2 (Spouse if		Middle Name	Last Name	
United S	States Bankruptcy Court for the:	DISTRICT OF NEW JER	SEY	
Case nu	umber			
(if known)				☐ Check if this is an amended filing
Offici	ial Form 106H			
Sche	edule H: Your Cod	ebtors		12/15
eople a ill it out our na	are filing together, both are equ	ally responsible for suppl boxes on the left. Attach . Answer every question.	ying correct informatior the Additional Page to t	complete and accurate as possible. If two married in the nore space is needed, copy the Additional Page, his page. On the top of any Additional Pages, write a codebtor.
_			·	
□ N				
	165			
	Vithin the last 8 years, have you zona, California, Idaho, Louisiana			(Community property states and territories include ton, and Wisconsin.)
I	No. Go to line 3.			
_	es. Did your spouse, former spor	use, or legal equivalent live	with you at the time?	
in li For	ine 2 again as a codebtor only i	f that person is a guarant	or or cosigner. Make su	your spouse is filing with you. List the person shown re you have listed the creditor on Schedule D (Official i). Use Schedule D, Schedule E/F, or Schedule G to fil
	Column 1: Your codebtor Name, Number, Street, City, State and Z	P Code		Column 2: The creditor to whom you owe the debt Check all schedules that apply:
3.1	Lance R. Gilgar			☐ Schedule D, line
	3 Park Place			Schedule E/F, line 4.19
	Pompton Lakes, NJ 07442	2		☐ Schedule G TD Bank, NA
3.2	Lance R. Gilgar 3 Park Place			Schedule D, line 2.2
	Pompton Lakes, NJ 07442	2		☐ Schedule E/F, line
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			☐ Schedule G Federal National Mtg Assoc
2.2	Lanca D. Cilleren			
3.3	Lance R. Gilgar 3 Park Place			Schedule D, line 2.3
	Pompton Lakes, NJ 07442	2		☐ Schedule E/F, line
		-		☐ Schedule G TD Bank, NA
				ID DAIR, NA

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Fil	l in this information t	o identify your ca	ase:						
De	ebtor 1	Anna M. Gil	gar						
1	ebtor 2 ouse, if filing)								
Un	ited States Bankruptcy Court for the: _DISTRICT OF NEW JERSEY								
Case number (If known)					Check if this is: An amended filing A supplement showing postpetition chapter 13 income as of the following date: MM / DD/ YYYY				
O	fficial Form 106I								
S	chedule I:	Your Inc	ome		WIWI 7 DE	12/15			
spc atta	ouse. If you are sep ach a separate shee In the Describe	earated and you et to this form. e Employment	r spouse is not filing wi	onal pages, write your name and	on about your case number	spouse. If more space is needed, (if known). Answer every question			
	information.	than and tak		Debtor 1	_	or 2 or non-filing spouse			
	If you have more attach a separate information about employers.	page with	Employment status*	■ Employed□ Not employed	_	mployed ot employed			
			Occupation	Administration	Deliv	/ery			
	Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies.		Employer's name	Aesthetics & Prosthodontic		Lance Gilgar, LLC (self)			
			Employer's address	849 Lincoln Avenue Glen Rock, NJ 07452		rk Place pton Lakes, NJ 07442			
			How long employed th		Additional Em	2 months ployment Information			
Pa	rt 2: Give De	tails About Mor	nthly Income						
	imate monthly inco		ate you file this form. If y	you have nothing to report for any l	ine, write \$0 in	the space. Include your non-filing			
	ou or your non-filing re space, attach a se			ombine the information for all emplo	yers for that pe	erson on the lines below. If you need			
					For Debtor 1	For Debtor 2 or			

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

3. Estimate and list monthly overtime pay.

4. Calculate gross Income. Add line 2 + line 3.

			non-fi	non-filing spouse				
				0.00				
2.	\$	3,993.00	\$	0.00				
3.	+\$	0.00	+\$	0.00				
4.	\$	3,993.00	\$	0.00				

Official Form 106I Schedule I: Your Income page 1

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Deb	otor 1	Anna M. Gilgar	-	Cas	se number (if know	vn)			
					or Debtor 1		non-fi	ebtor 2 or ling spouse	
	Cop	by line 4 here	4.	\$	3,993.0	00	\$	0.00	_
5.	List	t all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions	5a.	. \$	604.0	02	\$	0.00	
	5b.	Mandatory contributions for retirement plans	5b.	. \$	0.0	00	\$	0.00	_
	5c.	Voluntary contributions for retirement plans	5c.		0.0	00	\$	0.00	_
	5d.	Required repayments of retirement fund loans	5d.		0.0		\$	0.00	_
	5e.	Insurance	5e.		0.0		\$	0.00	_
	5f.	Domestic support obligations	5f.		0.0	_	\$	0.00	_
	5g. 5h.	Union dues Other deductions. Specify:	5g. 5h.		0.0		+ \$	0.00 0.00	_
6.		d the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	_ 6	ţ			\$		_
					604.0		Φ \$	0.00	_
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	3,388.9	98	Ф	0.00	_
8.	List 8a.	profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total							
		monthly net income.	8a.		0.0	00	\$	1,551.81	_
	8b.	Interest and dividends	8b.	. \$	0.0	00	\$	0.00	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	. \$	0.0	nn	\$	0.00	
	8d.		8d.			00	\$	0.00	_
	8e.	Social Security	8e.		0.0		\$	0.00	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.		0.0		\$	0.00	_
	8g.	Pension or retirement income	8g.		0.0		\$	0.00	_
	8h.	Other monthly income. Specify: MSU, avg net	8h.	.+ \$	686.	89	+ \$	0.00	_
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	686.8	89	\$	1,551.8	1
10.	Cal	culate monthly income. Add line 7 + line 9.	10.	\$	4,075.87 +	\$	1.55	1.81 = \$	5,627.68
		I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		· —	1,010.01	Ľ			0,021100
11.	State all other regular contributions to the expenses that you list in <i>Schedule J</i> . Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> .								0.00
12.		d the amount in the last column of line 10 to the amount in line 11. The restet that amount on the Summary of Schedules and Statistical Summary of Certaillies						12. \$	5,627.68
13.	Do	you expect an increase or decrease within the year after you file this form No.	?						nea ly income
	П	Yes. Explain:							

Official Form 106l Schedule I: Your Income page 2

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Debtor 1	Anna M. Gilgar	Case number (if known)	

Official Form B 6I Attachment for Additional Employment Information

Debtor		
Occupation	Administration	
Name of Employer	Montclair State Univ	
How long employed	2 years+	
Address of Employer	Clove Road	
	Little Falls, NJ 07424	

Official Form 106l Schedule I: Your Income page 3

				,						
Fill	in this informa	tion to identify yo	our case:							
Deb	tor 1	Anna M. Gilg	gar			Cl	neck if	this is:		
			-				An	amended filing		
	tor 2								ving postpetition chapter	
(Spo	ouse, if filing)						13	expenses as of	the following date:	
Unit	ed States Bankr	uptcy Court for the	: DISTRI	CT OF NEW JERSEY			MN	// DD / YYYY		
Cas	e number									
(If kı	nown)									
Of	fficial Fo	rm 106J								
			 Evnor						4014	_
		J: Your I			e:::				12/1	5
info	ormation. If m		eded, atta	If two married people a ch another sheet to this n.						
		ibe Your House	hold							
1.	Is this a joir	nt case?								
	No. Go to									
	☐ Yes. Doe	s Debtor 2 live i	in a separ	ate household?						
	□ N	0								
	□ Y	es. Debtor 2 mus	st file Offici	al Form 106J-2, <i>Expense</i>	s for Separate House	<i>hold</i> of D	ebtor 2	2.		
2.	Do you have	e dependents?	□ No							
	Do not list Do Debtor 2.	ebtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor		_	Dependent's age	Does dependent live with you?	
	Do not state	the							□ No	
	dependents				Daughter			14	■ Yes	
									□ No	
					Daughter			16	Yes	
								_	□ No	
									☐ Yes	
									□ No	
									☐ Yes	
3.	expenses of	penses include f people other t d your depende	han $_{oldsymbol{\square}}$	No Yes						
Par	t 2: Estim	ate Your Ongoi	ng Monthl	y Expenses						
exp				uptcy filing date unless y y is filed. If this is a sup						
Inc	luda avnanca	e paid for with a	non cash	government assistance	if you know					
				sluded it on Schedule I:						
(Of	ficial Form 10	16I.)					_	Your expe	enses	
4.	The rental o	or home owners and any rent for the	hip expen e ground o	ses for your residence. r lot.	Include first mortgage	4.	\$_		2,100.00	
	If not includ	led in line 4:								
	4a. Real e	estate taxes				4a.	\$		0.00	
	4b. Prope	rty, homeowner's	s, or renter	's insurance		4b.	\$		0.00	
	4c. Home	maintenance, re	pair, and ι	ıpkeep expenses		4c.	\$		0.00	
		owner's associat				4d.	\$		0.00	
5	Additional r	nortaage navme	ante for vo	ur residence such as ho	ome equity loans	5	\$		750.00	

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ebtor 1 A	Anna M. Gilgar	Case num	ber (if known)	
Utilities	s:			
	Electricity, heat, natural gas	6a.	\$	250.00
	Nater, sewer, garbage collection	6b.	\$	30.00
	Felephone, cell phone, Internet, satellite, and cable services	6c.	·	400.00
	Other. Specify:	6d.	·	0.00
	and housekeeping supplies	7.	•	1,200.00
	are and children's education costs	8.	\$	0.00
	ng, laundry, and dry cleaning	9.	\$	
	e	10.	·	50.00
	nal care products and services		·	60.00
	al and dental expenses	11.	\$	50.00
	portation. Include gas, maintenance, bus or train fare. include car payments.	12.	\$	400.00
	ainment, clubs, recreation, newspapers, magazines, and books	13.	·	100.00
	able contributions and religious donations	14.		
	_	14.	Ψ	0.00
. Insurar	nce. include insurance deducted from your pay or included in lines 4 or 20.			
	include insurance deducted from your pay or included in lines 4 or 20. Life insurance	15a.	\$	0.00
	Health insurance	15a. 15b.	·	
	/ehicle insurance	15b. 15c.	·	0.00
				100.00
	Other insurance. Specify:	15d.	\$	0.00
	Do not include taxes deducted from your pay or included in lines 4 or 20.	40	•	
Specify		16.	\$	0.00
	ment or lease payments:	170	¢	0.00
	Car payments for Vehicle 1	17a.	·	0.00
	Car payments for Vehicle 2	17b.	·	0.00
	Other. Specify: Student loan payments	17c.	·	400.00
	Other. Specify:	17d.	\$	0.00
	ayments of alimony, maintenance, and support that you did not report		¢	0.00
deduct	ted from your pay on line 5, Schedule I, Your Income (Official Form 106)).		
	payments you make to support others who do not live with you.	40	\$	0.00
Specify		19.		
	real property expenses not included in lines 4 or 5 of this form or on Sc			0.00
	Mortgages on other property	20a.		0.00
	Real estate taxes	20b.	· -	0.00
	Property, homeowner's, or renter's insurance	20c.		0.00
	Maintenance, repair, and upkeep expenses	20d.		0.00
20e. H	Homeowner's association or condominium dues	20e.		0.00
Other:	Specify:	21.	+\$	0.00
Celand	of a vicing monthly avenues			
	ate your monthly expenses		c	E 000 00
	dd lines 4 through 21.	2	\$	5,890.00
	opy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	4	\$	
22c. Ad	dd line 22a and 22b. The result is your monthly expenses.		\$	5,890.00
Coloude	oto vour monthly not income			
	ate your monthly net income. Copy line 12 (your combined monthly income) from Schedule I.	23a.	¢	E 007 00
				5,627.68
23D. C	Copy your monthly expenses from line 22c above.	23b.	-Φ	5,890.00
220 6	Subtract your monthly expanses from your monthly income			
	Subtract your monthly expenses from your monthly income.	23c.	\$	-262.32
ı	The result is your monthly net income.	200.	*	202.02
Do you	ı expect an increase or decrease in your expenses within the year after	vou file this	form?	
	mple, do you expect to finish paying for your car loan within the year or do you expect y			e or decrease because
	tion to the terms of your mortgage?		,	
modifica				
modifica	, 00			

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Fill in this inform	nation to identify your	case:		
Debtor 1	Anna M. Gilgar			
202101 1	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	nkruptcy Court for the:	DISTRICT OF NEW JERSEY		
Case number _				
(if known)				Check if this is an amended filing
You must file this obtaining money	s form whenever you fi	le bankruptcy schedules or am n connection with a bankruptcy		statement, concealing property, or 50,000, or imprisonment for up to 20
Sign	n Below			
Did you pay	y or agree to pay some	one who is NOT an attorney to	help you fill out bankruptcy forms	s?
■ No				
☐ Yes. N	lame of person			Bankruptcy Petition Preparer's Notice, ation, and Signature (Official Form 119)
	Ity of perjury, I declare e true and correct.	that I have read the summary a	nd schedules filed with this decla	ration and
X /s/ Ann	a M. Gilgar		X	
	/I. Gilgar re of Debtor 1		Signature of Debtor 2	
Date N	November 25, 2019		Date	

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		nation to identify you	r case:			
Debto	or 1	Anna M. Gilgar First Name	Middle Name	Last Name		
Debto	or 2					
(Spouse	e if, filing)	First Name	Middle Name	Last Name		
United	d States Bar	nkruptcy Court for the:	DISTRICT OF NEW JERS	SEY		
Case (if know	number				-	heck if this is an mended filing
Stat Be as	complete a	of Financial		re filing together, both are	ankruptcy equally responsible for sup	
numbo		i). Answer every ques	stion. Irital Status and Where You	Lived Refere		
	-	current marital statu		Lived Belore		
	■ Married ■ Not married	ried				
2. D			lived anywhere other than v	where you live now?		
_	_	•	•	•		
	■ No □ Yes. List	t all of the places you l	ived in the last 3 years. Do no	ot include where you live now	' .	
I	Debtor 1 Pri	or Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
					ity property state or territory co, Texas, Washington and W	
	■ No □ Yes. Ma	ke sure you fill out <i>Sch</i>	nedule H: Your Codebtors (Of	ficial Form 106H).		
Part 2	Explain	n the Sources of You	r Income			
F	ill in the tota	I amount of income yo	nployment or from operatin u received from all jobs and a have income that you receive	ill businesses, including part-		ndar years?
	I No ■ Yes. Fill	in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	•	of current year until d for bankruptcy:	■ Wages, commissions, bonuses, tips	\$42,500.00	☐ Wages, commissions, bonuses, tips	\$16,500.00
			☐ Operating a business		Operating a business	

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De	ebtor 1 Ar	ına M. Gil	gar					Case numb	er (if known)			_
				Debtor 1				Deb	tor 2			
					of income that apply.	(befo	ss income ore deductions an usions)		rces of inc ck all that a		Gross income (before deductions and exclusions)	
	or last calen anuary 1 to		31, 2018)	■ Wages bonuses,	s, commissions, tips		\$54,670.0		/ages, con uses, tips	nmissions,		
				☐ Opera	ting a business				perating a	business		
5.	Include inc and other winnings. List each	come regard public bene If you are fil	dless of whet fit payments; ing a joint ca	her that inco pensions; ro se and you l		amples or rest; divi	of other income a idends; money co lived together, lis	re alimony bllected from t it only one	n lawsuits; ce under D	royalties; a ebtor 1.	Security, unemploymen ind gambling and lottery	
	■ No □ Yes.	Fill in the de	etails.									
				Debtor 1				Deb	tor 2			
				Sources of Describe I		each (befo	ss income from a source ore deductions an usions)	Sou Des	rces of inc cribe below		Gross income (before deductions and exclusions)	
Pa	art 3: List	Certain Pa	vments You	ı Made Refo	ore You Filed for	Rankru	ntcv					
о.	□ No.	Neither Dindividual During the No.	ebtor 1 nor I primarily for a 90 days before Go to line	Debtor 2 ha a personal, f ore you filed	amily, or househo	umer de ld purpo id you pa	ebts. Consumer of see." ay any creditor a	total of \$6,	825* or mo	ore?	01(8) as "incurred by ar	า
		☐ Yes * Subject	paid that contact not include	reditor. Do n payments t		nts for do his bank	omestic support c cruptcy case.	obligations,	such as c	hild support	the total amount you and alimony. Also, do nt.	
	■ Yes.				e primarily consu for bankruptcy, di			total of \$60	00 or more	?		
		■ No.	Go to line	7.								
		☐ Yes	include pay		omestic support o						at creditor. Do not t include payments to a	n
	Creditor'	s Name an	d Address		Dates of payme	ent	Total amount		ount you still owe	Was this	payment for	
7.	Insiders in of which y a business alimony.	clude your i ou are an o s you opera	relatives; any fficer, directo	general par r, person in o proprietor. 11		any ger of 20% c	ent on a debt yo neral partners; pa or more of their vo	u owed ar rtnerships oting securi	yone who of which yo ties; and a	ou are a ger ny managin	neral partner; corporation g agent, including one f	
		Name and		iaiuci .	Dates of payme	ent	Total amount	t Ame	ount you	Reason	for this payment	
	maider 5	ivanie anu	Audiess		Dates of payme		paid		still owe	INGASUII	ioi ans payment	

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Deb	otor 1 Anna M. Gilgar		Cas	e number (if known)		
	Within 1 year before you filed for bankrupt insider?	tcy, did you make any pay	ments or transfer a	ny property on ac	ecount of a de	ebt that benefited an
	Include payments on debts guaranteed or co-	signed by an insider.				
	■ No□ Yes. List all payments to an insider					
	Insider's Name and Address	Dates of payment	Total amount	Amount you	Reason for	this payment
			paid	still owe	Include cred	litor's name
Part	t 4: Identify Legal Actions, Repossessio	ns, and Foreclosures				
	Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes.					
	□ No					
	Yes. Fill in the details.					
	Case title Case number	Nature of the case	Court or agency		Status of th	ie case
	Federal National Mtg Assoc v.	Foreclosure	Passaic County	y Superior	Pending	
	Anna M. Gilgar, et al. C-144-18		Court 77 Hamilton Str		☐ On appeal☐ Concluded	
			Paterson, NJ 07	7505		
	Federal National Mtg Assoc v.	Foreclosure	Passaic County	y Superior	■ Pending	l
	Anna M. Gilgar, et al. F-002638-18		Court 77 Hamilton Sti	reet	☐ On appeal	
			Paterson, NJ 07	7505	☐ Conclud	ed
	Within 1 year before you filed for bankrupt Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below.		erty repossessed, fo	oreclosed, garnis	hed, attached	d, seized, or levied?
	Creditor Name and Address	Describe the Property		Date		Value of the property
		Explain what happened	I			property
	Within 90 days before you filed for bankru accounts or refuse to make a payment becomes No ☐ Yes. Fill in the details.		uding a bank or fin	nancial institution	, set off any a	amounts from your
	Creditor Name and Address	Describe the action the	creditor took		action was	Amount
				taken		
	Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a		erty in the possessi	on of an assigned	e for the bene	efit of creditors, a
	■ No □ Yes					
_						
Part						
13.	Within 2 years before you filed for bankru	ptcy, did you give any gifts	s with a total value	of more than \$60	0 per person'	?
	Yes. Fill in the details for each gift.					
	Gifts with a total value of more than \$600 per person	Describe the gifts		Dates the gi	you gave fts	Value
	Person to Whom You Gave the Gift and					

Address:

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14.	Within 2 years before you filed for bankru No	uptcy, c	lid you give any gifts or contribution	ns with a total	value of more than	\$600 to any charity?
	☐ Yes. Fill in the details for each gift or co	ontributi	on.			
	Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code		Describe what you contributed		Dates you contributed	Value
Par	t 6: List Certain Losses					
15.	Within 1 year before you filed for bankrup or gambling?	otcy or	since you filed for bankruptcy, did y	ou lose anytl	ning because of the	ft, fire, other disaster,
	■ No					
	☐ Yes. Fill in the details.					
	Describe the property you lost and	Descri	be any insurance coverage for the lo	oss	Date of your	Value of property
	how the loss occurred	Include	the amount that insurance has paid. Lace claims on line 33 of Schedule A/B:	ist pending	loss	lost
Par	t 7: List Certain Payments or Transfers					
16.	Within 1 year before you filed for bankrup consulted about seeking bankruptcy or place any attorneys, bankruptcy petition policy. No Yes. Fill in the details.	reparir	ng a bankruptcy petition?			rty to anyone you
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Yo	ou	Description and value of any propertransferred	erty	Date payment or transfer was made	Amount of payment
	Ralph A. Ferro, Jr., Esq. Law Offices 66 East Main Street, 3rd Floor Little Falls, NJ 07424 ralphferrojr@msn.com		Attorney Fees			\$1,865.00
17.	Within 1 year before you filed for bankrup promised to help you deal with your cred Do not include any payment or transfer that	litors o	r to make payments to your creditor		r transfer any prope	erty to anyone who
	■ No □ Yes. Fill in the details.					
	Person Who Was Paid		Description and value of any prop	ortv	Date payment	Amount of
	Address		transferred	erty	or transfer was	payment
18.	Within 2 years before you filed for bankru transferred in the ordinary course of you include both outright transfers and transfers include gifts and transfers that you have alressed in No Yes. Fill in the details.	r busin made a	ess or financial affairs? as security (such as the granting of a se			
	Person Who Received Transfer		Description and value of	Describe a	iny property or	Date transfer was
	Address		property transferred		received or debts	made
	Person's relationship to you					

Debtor 1 Anna M. Gilgar

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De	Anna M. Gilgar			Case nur	TIDEI (IT KNOWN)	
19.	Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pro		ny property to	a self-settle	ed trust or similar device	e of which you are a
	☐ Yes. Fill in the details.					
	Name of trust	Description and	value of the pro	operty tran	sferred	Date Transfer was made
Pa	rt 8: List of Certain Financial Accounts, Ins	struments, Safe Depos	it Boxes, and S	torage Uni	its	
20.	Within 1 year before you filed for bankruptcy sold, moved, or transferred? Include checking, savings, money market, o houses, pension funds, cooperatives, associated No	r other financial accou	ınts; certificate	s of depos		-
	Yes. Fill in the details.					
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of acco	ount or	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
21.	Do you now have, or did you have within 1 y cash, or other valuables?	ear before you filed fo	r bankruptcy, a	any safe de	eposit box or other depo	sitory for securities,
	■ No □ Yes. Fill in the details.					
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had ac Address (Number, State and ZIP Code)		Describe	the contents	Do you still have it?
22.	Have you stored property in a storage unit of	or place other than you	r home within	1 year befo	ore you filed for bankrup	tcy?
	No					
	Yes. Fill in the details.					
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or to it? Address (Number, State and ZIP Code)		Describe	the contents	Do you still have it?
Pa	rt 9: Identify Property You Hold or Control	for Someone Else				
23.	Do you hold or control any property that so for someone.	meone else owns? Incl	lude any prope	rty you boı	rrowed from, are storing	for, or hold in trust
	■ No □ Yes. Fill in the details.					
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the pro (Number, Street, City, Code)		Describe	the property	Value
Pai	rt 10: Give Details About Environmental Info	ormation				
or	the purpose of Part 10, the following definition	ons apply:				
	Environmental law means any federal, state	, or local statute or reg	ulation concer	ning pollut	tion, contamination, rele	ases of hazardous or

- Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

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Debtor 1 Anna M. Gilgar Case number (if known)

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation No Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) Governmental unit Address (Number, Street, City, State and ZIP Code) Environmental is know it	
 ☐ Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) Governmental unit Address (Number, Street, City, State and know it 	aw if you Date of notice
Name of site Address (Number, Street, City, State and ZIP Code) Governmental unit Address (Number, Street, City, State and know it	aw if you Date of notice
Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and know it	aw if you Date of notice
	aw, ii you bate of notice
25. Have you notified any governmental unit of any release of hazardous material?	
■ No □ Yes. Fill in the details.	
Name of site Address (Number, Street, City, State and ZIP Code) Governmental unit Address (Number, Street, City, State and ZIP Code) ZIP Code) Environmental Is know it	aw, if you Date of notice
26. Have you been a party in any judicial or administrative proceeding under any environmental law? Inclu	ude settlements and orders.
■ No □ Yes. Fill in the details.	
Case Title Case Number Name Address (Number, Street, City, State and ZIP Code) Nature of the case	Status of the case
Part 11: Give Details About Your Business or Connections to Any Business	
27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following co	onnections to any business?
☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or pa	rrt-time
☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)	
☐ A partner in a partnership	
☐ An officer, director, or managing executive of a corporation	
☐ An owner of at least 5% of the voting or equity securities of a corporation	
■ No. None of the above applies. Go to Part 12.	
Yes. Check all that apply above and fill in the details below for each business.	
	tification number
Address (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business	Social Security number or ITIN. s existed
28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your institutions, creditors, or other parties.	r business? Include all financial
■ No □ Yes. Fill in the details below.	
Name Address (Number, Street, City, State and ZIP Code)	

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Debtor 1 Anna M. Gilga	ı <u>r</u>	Case number (if known)
Part 12: Sign Below		
are true and correct. I under	erstand that making a false statement, concealing pro n result in fines up to \$250,000, or imprisonment for u	nts, and I declare under penalty of perjury that the answers perty, or obtaining money or property by fraud in connection p to 20 years, or both.
/s/ Anna M. Gilgar		
Anna M. Gilgar Signature of Debtor 1	Signature of Debtor 2	
Date November 25, 201	19 Date	
Did you attach additional pa ■ No	ages to Your Statement of Financial Affairs for Individ	duals Filing for Bankruptcy (Official Form 107)?
□ Yes		
Did you pay or agree to pay	y someone who is not an attorney to help you fill out b	bankruptcy forms?
■ No		• •

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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Fill in this inform	nation to identify your case:		
Debtor 1	Anna M. Gilgar		
	First Name Middle	Name Last Name	
Debtor 2 (Spouse if, filing)	First Name Middle	Name Last Name	_
United States Ba	nkruptcy Court for the: DISTRICT	OF NEW JERSEY	
Case number(if known)			☐ Check if this is an amended filing
Official Fo Statemer		ndividuals Filing Under Ch	apter 7 12/15
■ creditors have you have leas You must file this whiche on the fi If two married pe sign an Be as complete a write you	ver is earlier, unless the court exteriorm ople are filing together in a joint c d date the form. and accurate as possible. If more s our name and case number (if kno	or e has not expired. rs after you file your bankruptcy petition or by the ends the time for cause. You must also send copic ase, both are equally responsible for supplying co space is needed, attach a separate sheet to this fo wn).	es to the creditors and lessors you list orrect information. Both debtors must
	our Creditors Who Have Secured C	Claims edule D: Creditors Who Have Claims Secured by F	Property (Official Form 106D) fill in the
information be		<u> </u>	
Creditor's E name: Description of property securing debt:	Epic Resorts	 ■ Surrender the property. □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]: 	□ No ■ Yes
Creditor's F oname: Description of property securing debt:	ederal National Mtg Assoc 3 Park Place Pompton Lakes NJ 07442 Passaic County	■ Surrender the property. □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]:	□ No ■ Yes
Creditor's T	D Bank, NA	■ Surrender the property.	□No

Official Form 108

name:

Statement of Intention for Individuals Filing Under Chapter 7

☐ Retain the property and redeem it.

☐ Retain the property and enter into a

Reaffirmation Agreement.

Description of 3 Park Place Pompton Lakes,

■ Yes

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Debtor 1 Anna M. Gilgar	Case number (if knowr	·)
property NJ 07442 Passaic County securing debt:	☐ Retain the property and [explain]:	_
n the information below. Do not list real estate leases	ses sted in Schedule G: Executory Contracts and Unexpir s. Unexpired leases are leases that are still in effect; the se if the trustee does not assume it. 11 U.S.C. § 365(p)	ne lease period has not yet ended.
Describe your unexpired personal property leases		Will the lease be assumed?
Lessor's name:		□ No
Description of leased Property:		☐ Yes
Lessor's name:		□ No
Description of leased Property:		☐ Yes
Lessor's name:		□ No
Description of leased Property:		☐ Yes
Lessor's name:		□ No
Description of leased Property:		☐ Yes
Lessor's name:		□ No
Description of leased Property:		☐ Yes
Lessor's name:		□ No
Description of leased Property:		☐ Yes
Lessor's name:		□ No
Description of leased Property:		☐ Yes
Part 3: Sign Below		
Under penalty of perjury, I declare that I have indicate property that is subject to an unexpired lease.	d my intention about any property of my estate that se	ecures a debt and any personal
X /s/ Anna M. Gilgar Anna M. Gilgar Signature of Debtor 1	X Signature of Debtor 2	
Date November 25, 2019	Date	

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapte	er 7:	Liquidation	
	\$245	filing fee	
	\$75	administrative fee	
<u>+</u>	\$15	trustee surcharge	
	\$335	total fee	

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
_	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 19-32157-SLM Doc 1 Filed 11/25/19 Entered 11/25/19 17:07:12 Desc Main Document Page 54 of 58

B2030 (Form 2030) (12/15)

United States Bankruptcy Court District of New Jersey

In re	Anna M. Gilgar		Case No.		
		Debtor(s)	Chapter	7	
	DISCLOSURE OF COMPI	ENSATION OF ATTOR	NEY FOR DI	EBTOR(S)	
1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the compensation paid to me within one year before the filing of the petition in bankruptcy, or agree be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy				to me, for services re-	
	For legal services, I have agreed to accept		\$	1,865.00	
	Prior to the filing of this statement I have received	d	\$	1,865.00	
	Balance Due		. \$	0.00	
2. \$	335.00 of the filing fee has been paid.				
3. T	The source of the compensation paid to me was:				
	■ Debtor □ Other (specify):				
4. T	The source of compensation to be paid to me is:				
	■ Debtor □ Other (specify):				
5. I	■ I have not agreed to share the above-disclosed con	npensation with any other person ur	nless they are mem	bers and associates of	my law firm.
[☐ I have agreed to share the above-disclosed competed copy of the agreement, together with a list of the results.				aw firm. A
6. I	n return for the above-disclosed fee, I have agreed to	render legal service for all aspects of	of the bankruptcy	ease, including:	
b	 Analysis of the debtor's financial situation, and ren Preparation and filing of any petition, schedules, st [Other provisions as needed] Exemption planning; preparation and at 341a Meeting of Creditors. 	tatement of affairs and plan which n	nay be required;	•	
7. B	By agreement with the debtor(s), the above-disclosed Representation of the debtors in any cany other adversary proceeding; adjou Objections; Responses; Motions; all c	dischargeability actions, judicions arnments of 341a Meeting of C	al lien avoidanc	es, relief from stay Confirmation Hear	actions or ings;
		CERTIFICATION			
	certify that the foregoing is a complete statement of ankruptcy proceeding.	any agreement or arrangement for pa	ayment to me for r	epresentation of the d	ebtor(s) in
	ovember 25, 2019	/s/ Ralph A. Ferro,			
Da	ate	Ralph A. Ferro, Jr., Signature of Attorney	Esq. rf-2229		
		Ralph A. Ferro, Jr.,	Esq.		
		Law Offices 66 East Main Street	t. 3rd Floor		
		Little Falls, NJ 0742	24		
		973-200-0988 Fax: ralphferrojr@msn.o			
		Name of law firm			

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United States Bankruptcy CourtDistrict of New Jersey

		District of New Jersey				
In re	Anna M. Gilgar		Case No.			
	7	Debtor(s)	Chapter	7		
VERIFICATION OF CREDITOR MATRIX						
The ab	ove-named Debtor hereby verifies tha	at the attached list of creditors is true and	correct to the best	of his/her knowledge.		
Date:	November 25, 2019	/s/ Anna M. Gilgar				
		Anna M. Gilgar				

Signature of Debtor

Bank of America, NA 100 North Tryon Street Charlotte, NC 28202

Capital One Bank 10700 Capital One Way Richmond, VA 23060

CG Indigo/GF Box 4499 Beaverton, OR 97076

Chilton Medical Center 97 West Parkway Pompton Plains, NJ 07444

Consumer Portfolio Svc Box 57071 Suite 500 Irvine, CA 92619

Dept. Ed/Navient Box 9635 Wilkes Barre, PA 18773

Dr. Anthony Dippolito 201 Drift Court Bethlehem, PA 18020

Dr. J. Mazzone 51 Route 23 #1 Riverdale, NJ 07457

Epic Resorts 210 South Beach Street Suite 100 Daytona Beach, FL 32114

Federal National Mtg Assoc 3900 Wisconsin Avenue Washington, DC 20016-2806

Lance R. Gilgar 3 Park Place Pompton Lakes, NJ 07442

Merrick Bank Box 9201 Old Bethpage, NY 11804

Messina Law Firm 961 Holmdel Road Holmdel, NJ 07733

NJ Pediatric Neuro Inst 131 Madison Avenue 3rd Floor Morristown, NJ 07960-7360

Paul Michael Marketing 15916 Union Tpke Suite 302 Fresh Meadows, NY 11366

Pluese, Becker & Saltzman, LLC 20000 Horizon Way Suite 900 Mount Laurel, NJ 08054

Portfolio Recovery Services 120 Corporate Blvd Ste 100 Norfolk, VA 23502

Rehabilition Medicine Ctr of NJ 1350 Route 23 North Wayne, NJ 07470

Saint Barnabas Med Ctr Box 29960 New York, NY 10087-9960

Seterus, Inc 8501 IBM Drive Bldg 201 Services, Inc. Charlotte, NC 28262-4333 Shiel Medical Laboratory 63 Flushing Avenue #336 Brooklyn, NY 11205

St. Luke's Hospital 801 Ostrum Street Bethlehem, PA 18015

TD Bank, NA One Portland Square Portland, ME 04101

Weill Cornell Imaging at NY Presb GPO Box 28375 New York, NY 10087-8371

Weill Cornell Med College 1300 York Avenue New York, NY 10065